

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

North Carolina Hospital Association Political Action Committee - Feder-
al

ADDRESS (number and street)

P.O. Box 4449

☐(Check if address
is changed)

Cary

NC

27519

4449

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

scoker@ncha.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

919-677-4200

2. DATE

M M
0 7/ D D
2 6/ Y Y Y Y
2 0 0 7

3. FEC IDENTIFICATION NUMBER

C C00194647

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Ms. Suzanne Coker

Signature of Treasurer

Electronically Filed by Ms. Suzanne Coker

Date

M M
0 7/ D D
2 6/ Y Y Y Y
2 0 0 7

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) ☒ This committee is a separate segregated fund

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

American Hospital Association Political Action Committee

Mailing Address

325 Seventh Street, NW

Washington

DC

20004

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Affiliated Federal PAC

Type of Connected Organization:

- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☒ Trade Association ☐ Cooperative

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer**Ms. Suzanne Coker**

Mailing Address

P.O. Box 4449**Cary****NC****27519 - 4449**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Director of Advocacy

Telephone number

919**- 677****- 4231**Full Name of
Designated
Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

- Name of Bank, Depository, etc.

BB&T

Mailing Address

1821 S. Main St.

Wake Forest

NC

27587

CITY ▾

STATE ▾

ZIP CODE ▾

Form/Schedule: **F1A** Change in Bank
Transaction ID: